MaineHealth

Strategic Application of Maine's All Payer Database for System Management and Development

Overview for LD1818 Stakeholder Workgroup

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Practical Applications for Public Data:
Current Uses and Challenges

Current

- Geographic / organizational variation analysis

- ACO attribution modeling and network development

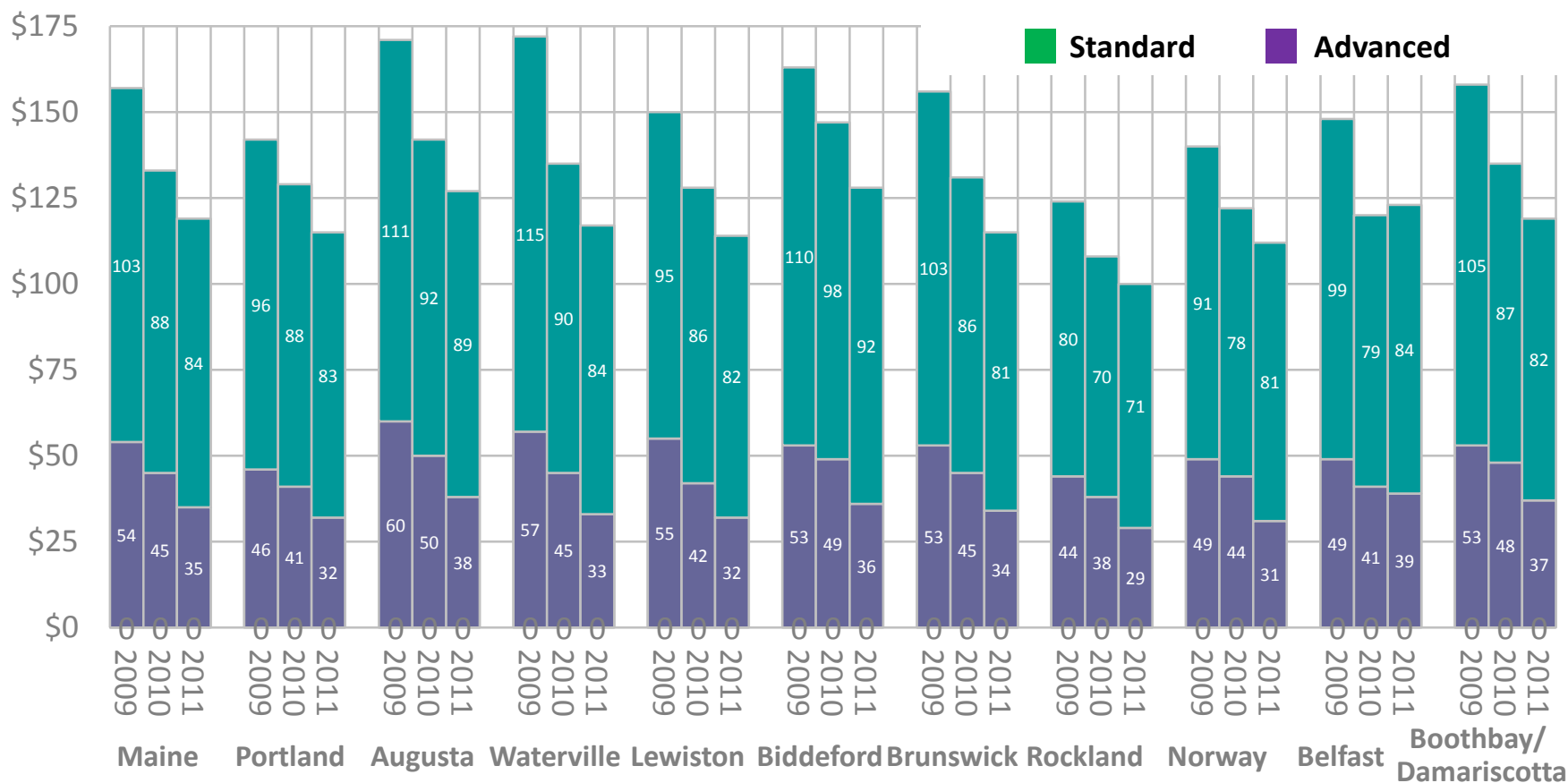- Network and hospital service area leakage analysis

Future

- All of the above, plus ACO Quality and Efficiency Management

Challenges

- Data complexity: Limited in-house capacity for management & analysis

- Consistency:
  - Changes in MHDO submission requirements and require complicated "cross-walking" that may compromise year over year trending
  - Reporting of pharmacy and behavioral health claims inconsistent across payers – compromises comparison

- Timely Availability

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Example: Geographic Variation Analysis: Downward Trend in Imaging Utilization. Can we do better?

Standardized Values: 2009-2011 average per Commercial Enrollee under 65

# of Commercial Enrollees < 65 (Average 2009-2011): Maine 582,291; Augusta 30,742; Belfast 7,322; Biddeford 38,874; Boothbay/Damariscotta 7,116; Brunswick 35,095; Lewiston 52,176; Norway 11,069; Portland 145,557; Rockland 20,128; Waterville 28,533

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Example: ACO Patient Population Analysis: Cost and Quality of Care for Medicare Patients Attributed to the MaineHealth ACO.

Comparison of Attributed Member Cost and Quality Measures								
Using Pioneer Plus Method for Attribution								
Continuously Eligible, Covered and Stable Medicare Members in 2006								
HSA	Belfast	Biddeford	Boothbay / Damariscotta	Brunswick	Lewiston	Norway	Portland	Rockland
Total Members Attributed	830	5,557	2,090	2,773	1,252	2,215	12,543	3,270
Total Enrollees	830	5,557	2,090	2,773	1,252	2,215	12,543	3,270
Average Months per Member	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0
Demographics								
Average Age	74	73	75	72	69	72	72	73
% Male	40%	42%	44%	41%	44%	44%	43%	43%
Average CMS Risk Score (Natl Average	1.13	1.17	1.20	1.09	1.21	1.13	1.18	1.16
% w/ any Medicaid Coverage in Period	41%	38%	26%	28%	51%	47%	38%	34%
Risk Adjusted Cost (Allowed Amount)								
Cost as CMS will calculate it	$5,645,425	$43,229,696	$16,513,133	$22,413,046	$11,301,969	$16,485,394	$107,588,079	$26,141,432
Cost as CMS will calculate it, per enro	$6,802	$7,779	$7,901	$8,083	$9,027	$7,443	$8,578	$7,994
Quality Measures								
Total Effective Care	61%	65%	65%	62%	63%	61%	66%	64%
Total Diabetes Care	55%	75%	67%	61%	67%	60%	76%	58%
Total Cardiovascular Conditions Care	51%	75%	53%	55%	62%	55%	74%	56%
Total Musculoskeletal Conditions Care	25%	48%	21%	59%	60%	48%	49%	41%
Total Medication Management Care	21%	24%	18%	17%	29%	19%	25%	20%
Total Respiratory Conditions Care	19%	34%	31%	34%	18%	25%	36%	27%
Total Preventive Care	70%	68%	71%	67%	66%	69%	67%	71%
Number of Opportunities								
Total Effective Care	1,886	13,011	4,418	6,417	3,037	5,228	28,657	6,996
Total Diabetes Care	404	3,012	856	1,424	740	1,200	6,768	1,376
Total Cardiovascular Conditions Care	67	431	115	197	104	173	936	211
Total Musculoskeletal Conditions Care	8	65	14	34	15	27	155	32
Total Medication Management Care	163	986	283	357	225	383	2,165	413
Total Respiratory Conditions Care	27	286	125	137	60	106	468	150
Total Preventive Care	1,217	8,231	3,025	4,268	1,893	3,339	18,165	4,804

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Example: ACO Development:
Assessing Network Composition Scenarios

	Maine Health Employed PCP	Maine Health Employed SPEC	Other PHO PCP	Other PHO SPEC	Group 1	Group 2	Affiliate 1	Affiliate 2	Affiliate 3	Other Area 1	Other Area 2	Other Area 3
Comparison of Attributed Member Demographic and Cost Measures												
Using Final CMS ACO Attribution Methodology												
Medicare Members with Both A & B Coverage in 2006												
					Attributed Group							
Total Members Attributed	14,204	3,909	12,145	3,394	5,042	6,383	2,224	612	1,519	838	2,669	5,180
Total Enrollees	14,006	3,850	11,936	3,317	4,966	6,306	2,198	601	1,486	826	2,627	5,085
Average Months per Member	11.8	11.8	11.8	11.7	11.8	11.9	11.9	11.8	11.7	11.8	11.8	11.8
Providers[1] w/ Attributed Members	83	138	65	207	34	32	13	23	19	12	33	85
Members per Provider	171	28	187	16	148	199	171	27	80	70	81	61
Demographics												
Average Age	73	70	73	69	73	74	73	71	70	70	72	74
% Male	42%	51%	41%	47%	40%	40%	40%	54%	42%	47%	42%	44%
Average CMS Risk Score (Natl Average = 1.0)	1.15	1.09	1.18	1.08	1.12	1.06	1.02	1.28	1.29	1.10	1.23	1.09
% w/ any Medicaid Coverage in Period	36%	41%	42%	39%	31%	23%	25%	51%	50%	44%	49%	25%
Actual Cost (Allowed Amount)												
Total Cost, nothing removed	$105,206,075	$26,378,304	$92,214,689	$25,522,825	$36,581,769	$43,727,012	$15,170,943	$5,939,078	$13,503,911	$4,844,493	$20,139,079	$35,726,218
Total Cost, nothing removed, per enrollee	$7,511	$6,852	$7,726	$7,696	$7,367	$6,934	$6,903	$9,883	$9,090	$5,864	$7,666	$7,026
Outlier Cost (using $100K)	$8,929,932	$1,312,684	$7,495,387	$3,472,003	$2,852,239	$3,558,460	$1,144,037	$690,855	$1,188,883	$101,299	$1,248,617	$2,581,757
Number of Outliers	59	9	52	23	16	22	7	5	5	1	10	18
Cost without Outliers	$96,276,143	$25,065,619	$84,719,302	$22,050,822	$33,729,530	$40,168,553	$14,026,906	$5,248,222	$12,315,029	$4,743,194	$18,890,462	$33,144,460
Cost without Outliers, per enrollee	$6,902	$6,526	$7,129	$6,694	$6,814	$6,392	$6,403	$8,806	$8,317	$5,749	$7,218	$6,541
Risk Adjusted Cost (Allowed Amount)												
Cost as CMS will calculate it	$87,628,572	$24,375,471	$74,701,936	$22,095,740	$31,521,205	$40,505,371	$14,822,085	$4,252,168	$9,599,156	$4,442,804	$15,342,939	$32,249,907
Cost as CMS will calculate it, per enrollee	$6,282	$6,347	$6,286	$6,708	$6,368	$6,445	$6,766	$7,134	$6,483	$5,385	$5,863	$6,365
Pharmacy Cost[2] (Allowed Amount)												
Total Enrollees w/ RX Coverage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost, nothing removed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost, nothing removed, per enrollee	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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